

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J58280**

1. Corporation Name
THE QUICK BUILDER, INC

Principal Place of Business Mailing Address
**4135 MIRAFLORES LN
TALLAHASSEE, FL 32303**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number	
Zip		Zip		59-2822646	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	THOMAS E QUICK	3305 WOODY WAY	TALLAHASSEE, FL 32303
VP	JACK QUICK	4135 MIRAFLORES	TALLAHASSEE, FL 32303

8. Name and Address of Current Registered Agent

**JACK QUICK
4135 MIRAFLORES LN
TALLAHASSEE, FL 32303**

9. Name and Address of New Registered Agent

Name
JACK QUICK
Street Address (P.O. Box Number is Not Acceptable)
4135 MIRAFLORES LN
Suite, Apt. #, Etc.
City
TALLAHASSEE, FL State
FL Zip Code
32303

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jack Quick
REGISTERED AGENT MUST SIGN

Date **NOV 10 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Jack Quick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 10 1999 (850) 5086126
Date Daytime Phone #

59 NOV 10 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 1999

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